

Best Practice:
Guideline for Occupational Health and Safety
During Pandemic Influenza

**OCCUPATIONAL
HEALTH
& SAFETY**

Pandemic Planning: Best Practice Guideline for Occupational Health and Safety

This publication is available to view online

The *Pandemic Planning: Best Practice Guideline for Occupational Health and Safety* was developed by Occupational Health and Safety Branch (OHS), Ministry of Advanced Education, Employment and Labour (AEEL), in consultation with the Saskatchewan Ministry of Health. Copies can be ordered from Occupational Health and Safety at 1-800-567-7233.

The online version of this publication may change as more is learned. Please visit www.aeel.gov.sk.ca/ohs for the most up-to-date version.

Copyright and Terms of Use

This material was adapted with permission from "Best Practice Guideline for Workplace Health and Safety", developed by the Government of Alberta, with input from

- Alberta Employment and Immigration,
- Alberta Health and Wellness, and
- Alberta Corporate Human Resources under the planning set out in the Alberta Pandemic Influenza Operations Plan (March 2006).

Copyright © 2009 Government of Alberta

Disclaimer

All reasonable precautions have been taken to verify the accuracy contained within this *Pandemic Planning: Best Practice Guideline for Occupational Health and Safety* document. However, due to the changing nature of pandemic information, the responsibility for the interpretation and use of this publication lies with the reader. The Crown, its agents, employees or contractors will not be liable for any damages, direct, or indirect, or lost profits arising out of use of information provided in this document or for information provided at any of the resource sites listed in this document.

When other factors, such as clinical presentation of a novel virus and interim guidelines not stated in this document warrant a higher level of protection, the application of higher level of protection should be followed.

This document was developed to provide general guidance for workplaces to prepare for and respond to pandemic influenza, and was based on current knowledge regarding the transmission of influenza.



Saskatchewan
Ministry of
Advanced Education,
Employment and
Labour

Table of Contents

Section 1: Overview

Section 2: What is Pandemic Influenza?

- What is a pandemic?
- What is influenza?
- What is pandemic influenza?
- Why do scientists expect pandemic influenza to occur?

Section 3: The Workplace During Pandemic Influenza

- How does pandemic influenza relate to you and your workplace?
- To what extent does the workplace respond to a pandemic influenza?

Section 4: Roles, Responsibilities and Rights – Occupational Health and Safety

Section 5: Risk Assessment and Control – Pandemic Influenza

- Why assess risk?
 - Step 1: List types of work and work-related activities and assess risks
 - Step 2: Implement controls
 - Step 3: Communicate the information to workers and provide training
 - Step 4: Evaluate the effectiveness of controls

Section 6: Emergency Response Planning for Pandemic Influenza in the Workplace

- How do I develop an emergency response plan for pandemic influenza?

Section 7: Labour Standards Requirements During Pandemic Influenza

Useful Resources

Appendices

- Appendix 1 – Comparison of terms – influenza, cold, stomach flu
- Appendix 2 – Risk Assessment Template
- Appendix 3 – Record of Training Form

Section 1: Overview

During pandemic influenza, you may come into contact with the virus inside and outside of the workplace. This publication is intended to assist workplaces in planning for pandemic outbreaks and ensuring that procedures, supplies, education and training are in place.

The guidance and controls reflect a precautionary approach and consider that a pandemic has the potential to produce symptoms or complications of unknown or increased severity relative to seasonal influenza. It emphasizes the use of ongoing risk assessments that consider up-to-date information, as well as local and individual point of care or service circumstances. The publication also includes legislated occupational health and safety requirements and labour standards related to pandemic influenza.

Pandemic influenza needs to be considered as a biological hazard in the workplace.

Pandemic influenza causes world wide concern. The World Health Organization (WHO) determines the global "phase" of an influenza outbreak and recommends action to national authorities. The Public Health Agency of Canada and the Saskatchewan Ministry of Health determine national and provincial responses. In the workplace you are also subject to occupational health and safety requirements and labour standards.

This guideline includes:

- a risk assessment tool to help identify potential and actual health and safety issues during pandemic influenza and methods for controlling or reducing the risk of exposure to pandemic influenza in the workplace.
- information on workplace emergency preparation for pandemic influenza.
- information to assist in developing policies to address employment standards issues.

In Saskatchewan, the requirements for health and safety are outlined in the *Occupational Health and Safety Act, 1993* and the *Occupational Health and Safety Regulations, 1996*. The *Act and Regulations* are available for viewing or downloading on the Ministry of AEEL website at www.labour.gov.sk.ca. This guide does not replace the *OHS Act and Regulations*, and does not exempt you from your responsibilities under the legislation.

RESOURCES

RESOURCES

Official printed copies of *Occupational Health and Safety Act and Regulations* may be purchased from the Queen's Printer at:

Telephone: (306) 787-6894
Toll Free: (800) 226-7302
Fax: (306) 798-0835
Mailing Address: B19, 3085 Albert Street, Regina, SK S4S 0B1
URL: www.qp.gov.sk.ca



Section 2: What is Pandemic Influenza?

What is a pandemic?

A pandemic is a worldwide outbreak of a communicable disease that affects a large proportion of the population.

What is influenza?

Influenza is a virus that affects the lungs and airways. Signs and symptoms generally include sudden onset of fever, cough, headache, muscle aches, and fatigue. The disease commonly occurs in clusters and can spread rapidly. A common complication from influenza is pneumonia.

What is pandemic influenza?

Pandemic influenza occurs when a new influenza virus, with an ability to spread easily from human to human, circulates worldwide. Because most people will have no immunity to the pandemic influenza virus, infection, illness rates and the number of deaths are expected to be higher than during seasonal epidemics of normal influenza.

The symptoms of pandemic influenza may be more severe than seasonal influenza. Influenza is different from the common cold or the stomach flu. Refer to the table below and Appendix 1 for a comparison.

Seasonal Influenza	Pandemic Influenza
• A disease caused by influenza viruses carried and spread between humans. • Strains of influenza that circulate the world multiple times. Even though the virus may change slightly from year to year, most people will continue to have some protection against slightly changed viruses, particularly if they are immunized yearly.	• A new strain of influenza virus that spreads quickly among humans worldwide because humans have no pre-existing immunity against it. • Potential to cause large numbers of human illness and death. • A specific vaccine cannot be developed until the new strain has emerged.

Why do scientists expect pandemic influenza to occur?

In the 20th century, four pandemics have resulted from the influenza virus:

- 1918 - 1919 Spanish influenza
- 1957 - 1958 Asian influenza
- 1968 - 1969 Hong Kong influenza
- 2009 - H1N1

Over the centuries, the average time between influenza pandemics has been 25 years; however, the range has varied. Forty years elapsed between the last two pandemics of influenza.

Section 3: The Workplace During Pandemic Influenza

How does pandemic influenza relate to you and your workplace?

Pandemic influenza presents a new biological hazard into the workplace. Additionally, Health Canada (2006) estimates an anticipated 20 to 25 per cent work absenteeism rate during pandemic influenza. When assessing risks in your workplace you will need to consider shortages in critical operational functions due to the anticipated increased absenteeism.

To what extent does the workplace respond to a pandemic influenza?

Planning in preparation for pandemic influenza and responding during a pandemic can be performed considering pandemic phases. The following chart outlines the phases in the gradual progression to pandemic influenza.

Pandemic influenza phases (adapted from the WHO global influenza preparedness plan 2009)*

Phase	Characteristics
Phase 1 - Inter-Pandemic	Influenza virus subtype may be present in animals or birds. No new influenza subtypes detected in humans. The risk of human infection or disease is low.
Phase 2 - Inter-Pandemic	A circulating animal or bird influenza poses a substantial risk of disease to humans. No new influenza viruses detected in humans.
Phase 3 - Pandemic Alert	Humans have been infected with a new subtype of influenza originating from animals or birds, but there has been no significant human-to-human spread (except in rare instances of close contact).
Phase 4 - Pandemic Alert	Small clusters of sustained human-to-human transmission, but the disease is not widespread (still localized at community level).
Phase 5 - Pandemic Alert	Human-to-human transmission of the same new influenza virus with sustained community level outbreaks in two or more countries in one WHO region.
Phase 6 - Pandemic Influenza	Increased and sustained human transmission of the same new influenza virus within the general population with sustained community level outbreaks in at least one other country in another WHO region.

* For more specific information refer to www.who.int/about/regions/en/

RESOURCES

Information on when a pandemic influenza is identified and the phase of the pandemic, can be found at www.health.gov.sk.ca/



Section 4: Roles, Responsibilities and Rights – Occupational Health and Safety

Saskatchewan's *Occupational Health and Safety Act and Regulations* set out the legal requirements that you and your workers must meet to protect the health and safety of yourselves and others. These are minimum **legislated** requirements.

General Responsibilities

Employers must ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of their workers.

LEGISLATED REQUIREMENTS

Workers must take reasonable care to protect their own health and safety and the health and safety of other workers who may be affected by their acts or omissions.

Self-employed persons must conduct their undertakings in such a way as to ensure, insofar as is reasonably practicable, that they or other workers in the same worksite are not exposed to health or safety risks.

OHS Act, Sections (S) 3, 4, 5

Also see *OHS Act, S 6 and 7* for General Duties of Contractors and Owners



Workers also have three basic rights under OHS Legislation:

- **The right to know** about workplace hazards, including how to identify and protect themselves from those hazards.
- **The right to participate** in decisions related to occupational health and safety. Participation, in part, is achieved through reporting concerns to your supervisor and participating with the occupational health committee at your workplace.
- **The right to refuse** unusually dangerous work. *OHS Act S 23*

The OHS Committee Manual (www.aeef.gov.sk.ca/ohs) should be consulted for more information on the role of the committee and on steps to follow where there is a concern about unusual danger.

Other Responsibilities - Infectious Disease Hazards

LEGISLATED REQUIREMENTS

The Exposure Control Plan



An employer, in consultation with their Occupational Health Committee, is required to develop and implement an exposure control plan to eliminate or minimize worker exposure to infectious organisms or materials that they may be exposed to at a place of employment. This applies to workers who may come into contact with pandemic influenza virus.

The plan must be adapted to address a possible exposure to a pandemic influenza virus, and implemented in the event of a suspected or confirmed outbreak of pandemic influenza in the area. The exposure control plan must be in writing, and include elements that are described throughout this document.

Once developed, workers must be trained on the plan. The employer cannot allow workers to undertake tasks that put them at risk until they have received this training. The employer will need to review and update the plan every two years, in consultation with the committee.

OHS Regulations, S 85

Section 5: Risk Assessment and Control - Pandemic Influenza

Hazard identification and risk assessment and control are at the foundation of occupational health and safety and are required by the *OHS Act and Regulations*.

LEGISLATED REQUIREMENTS

The exposure control plan must identify any workers at the place of employment who may be exposed and identify categories of tasks and procedures that may put workers at risk of exposure.



OHS Act, Sections , S 85

Why assess risk?

Assessing risk means taking a careful look at what could harm workers at the workplace.

The purpose of including pandemic influenza in the risk assessment is to address the:

1. biological exposure risk and control as appropriate, and
2. increased absenteeism from pandemic influenza and any resulting hazards or operational changes.

Step 1: List types of work and work-related activities and assess risks

Questions to ask:

- What job tasks increase potential exposure to the pandemic influenza virus in the workplace?
- Who is potentially exposed to the pandemic influenza virus as part of their work?
- How often are workers exposed to the hazard?
- Do work processes increase exposure to the pandemic influenza virus, for example, aerosol generating medical procedures?
- When is the greatest risk of exposure?
- Do the job tasks require contact with symptomatic pandemic influenza clients/ persons in small poorly ventilated workspaces?

To assess the exposure risks associated with work and job tasks it is necessary to understand how pandemic influenza is spread.

LEGISLATED REQUIREMENTS

The exposure control plan must describe the ways in which an infectious material or organism can enter the body of a worker and the risks associated with that entry.



OHS Act, Sections , S 85

How can pandemic influenza be spread?

The transmission of the pandemic influenza virus can be represented as three links in a chain. These links are:

1. The source of the influenza virus
 - droplets or airborne particles from infected co-worker and/or client
 - contact with contaminated equipment
 - contact with a contaminated surface
2. The transmission of the influenza (between the source and the worker); and
3. The host for the virus – an individual.

Inhalation is not the only route of entry into the body for the influenza virus. Remember that the influenza virus can enter the body in other ways.



Consider this:

1. Contact with contaminated surfaces

After an infected person coughs, sneezes or talks, the expelled infected droplets travel only approximately two metres before falling to a surrounding surface. When someone touches an infected surface and then touches their own eyes, nose or mouth, the virus can gain entry into the body.

2. Close contact with an infected individual when they cough, sneeze, or talk

Generally, the influenza virus droplets travel only approximately two metres in the air after being expelled from an infected person's cough, sneeze, or talking. An individual positioned within approximately two metres from an infected person may contact the virus through their eyes, nose, or mouth.

3. Exposure to the influenza virus during aerosolizing medical procedures

Aerosolization – creating very small droplets of moisture – generally occurs when individuals undergo certain medical procedures (for example, intubation or bronchoscopy). When the influenza virus is aerosolized – broken into very small droplets of moisture (less than five microns in diameter) – the virus is in a small enough form to be inhaled into the lungs if they are not appropriately protected.

DID YOU KNOW?

For example, exposure to a pandemic influenza virus may occur by:

- shaking hands with an infected person or touching a surface contaminated with the virus followed by touching one's eyes, nose, or mouth;
- infectious droplets (from a coughing or sneezing person) landing in the eye or onto the mucosa (moist inner surface) of the nose or mouth;
- breathing in air containing smaller sized droplets or particles containing influenza viruses (generated, for example, from coughing, sneezing, and aerosol-generating medical procedures in infected patients); and
- sharing food items or utensils with an infected person.

The virus can live on:

If your workplace be aware the virus may be on:



DID YOU KNOW?

- hard surfaces for one to two days
 - cloth, tissue, and paper for eight to twelve hours; and
 - hands for five minutes.
- instruments, doorknobs, keyboards
 - chairs, coffee cups, towels, reports,
 - backs of hands, face, and arms.

In summary, the **three** main forms of transmission are:

- **Contact transmission** - Direct contact involves direct skin-to-skin contact, such as emergency response activity that requires direct personal contact (i.e. resuscitation). Indirect contact transmission involves a worker's contact with a contaminated intermediate object such as a table, door knob, telephone, or computer keyboard and then touching the eyes, nose, or mouth.
- **Droplet transmission** - Droplets can be generated from an infected person's respiratory tract. The infection is transmitted when infected droplets are deposited on a susceptible individual's mucus membranes and leads to an infection. For example, droplets may be generated by an infected person through coughing or sneezing, talking and also through certain medical procedures. Droplets travel a short distance through the air (approximately two metres) and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth.
- **Airborne transmission** - Smaller infected particles, called aerosols, are also generated from an infected person's respiratory tract. They are small enough to be suspended in the air for short distances (generally dependant on size). These small infected particles/aerosol may be transmitted through inhalation.

It can take up to four days for a person to start showing symptoms. A person infected with pandemic influenza may be contagious 24 hours before the onset of symptoms, but the risk for spreading the virus substantially increases when an infected person begins coughing or sneezing. The contagious period continues for up to five to seven days.

General Guidelines for Assessing Pandemic Influenza Exposure Risk in the Workplace by Job Task¹

Risk assessment process:

Determine the workspace exposure (Column 1), then add the job task exposures (Column 2). This process will assist in determining the level/risk of workplace exposure to pandemic influenza virus for your workers. A summary of controls linked to minimal, lower and higher job tasks follows on pages [17-19].

Workspace:

Where will workers be exposed to pandemic influenza infected persons?

Job Task:

Decide on the job tasks and the workers potential ability to limit exposure to pandemic influenza infected people.

Minimal Exposure Job Tasks

Workers with no contact to pandemic influenza infected persons in the workplace.

Job tasks that do not require close contact to another individual.

Minimal Exposure Job Tasks

Workers who may be exposed to infected persons from time to time in relatively large, well-ventilated workspaces.

Workplace contact to another individual in job tasks that allow social distancing. Social distancing is keeping a distance of greater than approximately two metres from another individual.

(Choose one from Column 2.)

Job tasks that require close contact with clients or co-workers (within a distance of two metres). The individuals are not demonstrating symptoms of pandemic influenza, i.e. coughing, fever, etc. at the time of contact.

Job tasks in potentially contaminated environment. Potential exposure can occur in work areas open to public, etc.

Contact with symptomatic pandemic influenza clients in job tasks that allow social distancing or where the worker has the ability to keep a distance of greater than about two metres from client symptomatic with pandemic influenza (case).

Higher Exposure Job Tasks

Workers who may have contact with symptomatic infected persons in small, poorly ventilated workspaces.

Job tasks require close contact (two metres) with a client symptomatic with pandemic influenza (case).

(Choose one from Column 2.)

Job tasks in the same room as aerosol generating medical procedure being performed on person symptomatic with pandemic influenza (case).

PLEASE NOTE: this table is for use as a tool in generally estimating risk of exposure to the pandemic influenza virus in the workplace.
 Healthcare and Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure from pandemic influenza in the work environment based on specific job tasks, and apply appropriate controls. Guidance recommendations are provided at www.phac-aspc.gc.ca/cpip-pclcp/pdf-e/cpip-eng.pdf
 Case Definition – Medically diagnosed suspect or confirmed case of highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the pandemic influenza virus.

Other Considerations

During pandemic influenza, other potential hazards should be considered including:

- **Absent Staff** – Review and identify shortages in operational and safety critical areas due to staff absenteeism. Identify areas where absenteeism will require an ongoing review, new hazard identification, and appropriate controls.
- **Stress** – which may be related to fear, illness of family members, changing job roles related to absent co-workers.
- **Fatigue** – if workers are required to put in extra hours.
- **Working Conditions** – related to increased or different workloads.

Step 2: Implement Controls

Eliminating and Controlling Risks

Whenever possible, risks should be eliminated. If elimination is not possible, they must be controlled.

Control means reducing the hazard to levels that do not present a risk to worker health. Controls must be based on identifying and assessing existing or potential hazards. To implement effective controls for the pandemic influenza virus, consider how influenza is spread. Controls – in order of preference – include engineering, administrative, and personal methods. Source control, achieved through administrative and engineering measures is the most effective way to prevent the transmission of infectious agents.

FIRST CHOICE	Engineering controls	• isolate the hazard • ventilate • use physical barriers such as Plexiglas between you and your clients
SECOND CHOICE	Administrative controls	• manage policies and procedures • administer safe work procedures, such as respiratory hygiene • reinforce hand washing • train and supervise workers • vaccinate
THIRD CHOICE	Personal Protective Equipment (PPE)	• provide gloves, masks, gowns, eye protection, protective clothing, respirators, and others as appropriate • ensure that - the right type of PPE is selected for the job and hazard - PPE fits properly and is comfortable under working conditions - workers are trained in the need for PPE, its use and maintenance - PPE is stored clean and fully operational

Study the sample completed Risk Assessment and Control Sheet at the end of this section. Blank sample risk assessment forms are also included in Appendix 2. (Page 22)

Many other forms and tools can be used. Ensure that your risk assessment addresses all hazards specific to your work site.

Controls for the pandemic influenza virus

Controls must be based on findings from the risk assessment and may include engineering, administrative, and personal protective equipment.

Engineering

The following are examples of engineering controls:

- Physical barriers to isolate, for example, Plexiglas
- Ventilation (American Industrial Hygiene Association, 2006)
 - general ventilation that ensures the flow of non-contaminated to potentially contaminated air throughout the facility
 - Negative Pressure Rooms as appropriate, for example, during aerosolizing medical procedures.

Administrative

Administrative controls may be used in combination to protect and reduce workplace exposures during Pandemic Influenza. Administrative controls can include: training, hand hygiene, respiratory hygiene, social distancing, alternate work arrangements, workplace cleaning, restricting workplace entry, prophylactic antiviral medication and promotion of pandemic influenza vaccine when available.

The exposure control plan must identify:

- infection control measures such as vaccination, engineering controls, use of personal protective equipment and safe work practices and procedures
- methods of cleaning, disinfecting or disposing of clothing, personal protective equipment or other equipment contaminated with an infectious material or organism that must be followed and indicate who is responsible for carrying out those activities.



LEGISLATED REQUIREMENTS

OHS Regulations S 85.

The employer or contractor must provide and maintain suitable facilities for personal washing that:

- are located near each toilet at a place of employment
- have a supply of clean hot and cold water or warm water, soap and clean towels or other suitable means of cleaning and drying
- have an easily cleanable, covered receptacle for waste materials
- are adequately heated, ventilated and lighted; and
- are kept in a clean and neat condition.

OHS Regulations S 72

Best Practices - Hand Hygiene and Respiratory Hygiene

Hand hygiene is a critical control measure.

Respiratory hygiene will also play an important role in limiting exposure to pandemic influenza for most workplace exposures.

- Provide resources and a work environment that promotes use of respiratory hygiene and hand hygiene. For example, provide tissues, no-touch waste containers, hand soap, and hand sanitizers.
- Provide workers with up-to-date training about influenza risk factors and proper behaviours including respiratory hygiene and hand hygiene. Do not forget to include information on where supplies are kept.
- Promote use of respiratory hygiene and hand hygiene with all individuals entering the workplace.
- Since the influenza virus can live on the hands for five minutes, consistent, thorough hand hygiene is the cornerstone of preventing the spread of infection.
- Hand hygiene decreases the number of disease causing organisms on the skin surface and can be achieved by either washing with soap and water, or by rubbing a waterless antiseptic product on the hands.
- Waterless antiseptic hand hygiene products containing more than 60% alcohol (Community and Hospital Infection Control Association, CHICA, Canada, 2006) are an excellent alternative to soap and water and may be used if hands are not visibly soiled (CHICA, 2005). Most alcohol based hand hygiene products contain emollients to reduce skin irritation.

BREAK THE CHAIN

Hand Hygiene

- Wash your hands to break the chain of infection.
- Hand hygiene is a critical control measure for limiting the spread of pandemic influenza.

BREAK THE CHAIN

Respiratory Hygiene

- Cover nose and mouth with a tissue when coughing or sneezing.
- Throw away tissues into a proper receptacle after using, and
- Wash hands after coughing, sneezing, and using tissues.

When caught without a tissue, sneeze or cough into your sleeve or the bend in your elbow to contain the sneeze or cough. Ask others in your workplace to cover their coughs.

To prevent dry skin and chafing from frequent hand-washing, wet your hands before using soap; if possible use mild lotion soap with warm water. Pat hands dry rather than rubbing them. Apply hand lotion liberally and frequently (CHICA Canada, 2006).

For more information on hand-washing and influenza self-care, refer to www.health.gov.sk.ca.

**Hand Hygiene and Respiratory Hygiene:
Key work practices to reduce the spread of pandemic influenza**

Training in hand hygiene and respiratory hygiene is critical for effective use of these work practices.

Hand hygiene:

"How to wash your hands"

- remove jewelry
- rinse hands under warm running water
- lather with soap and, using friction for 10-15 seconds, cover all surfaces of the hands and fingers
- rinse under warm running water
- dry hands thoroughly with a single-use towel
- turn off faucet without re-contaminating hands

(Canadian Pandemic Influenza Plan, 2006)

Break the Link Respiratory hygiene:

"Cover your cough"

- throw away tissues after wiping nose
- cover mouth and nose when coughing or sneezing
- wash hands after coughing, sneezing, or using tissues
- keep fingers away from eyes, nose, and mouth
- sneeze or cough into the crook of the elbow if you do not have a tissue
- turn head away from others when covering cough
- keep a distance of two metres or more from others when coughing or sneezing

Social Distancing

- Practice social distancing by keeping a distance of at least two metres from someone with no pandemic influenza symptoms, a person suspected of having influenza-like illness, or someone demonstrating symptoms of pandemic influenza (coughing, fever, etc.).

Workplace Cleaning and Environmental Decontamination

- While influenza viruses may live up to two days on a hard surface, regular cleaning with household cleaners and products will inactivate them. Surfaces that are frequently touched with hands should be cleaned often – preferably daily.
- Shared workstations and equipment should be cleaned with regular household cleaners when individuals are changing work stations, and at least daily.
- Thoroughly wash cups, dishes, and cutlery with soap and hot water after individual use in a dishwasher, if possible.

Restrict Workplace Attendance for Workers with Pandemic Influenza Symptoms

- Workers are to report any symptoms of pandemic influenza to their supervisors and should not come to work until the symptoms resolve.
- Set up a process for ensuring that ill employees have completed any required isolation period and are healthy before allowing them to return to work.
- An infected employee's return to work will be based on a fitness-to-work policy established as part of the pandemic emergency response plan.

Additional controls that may be considered, if appropriate:

- Reduce close contact with customers or co-workers through the use of physical barriers when possible; increase use of mail, fax, telephone, or e-mail communication.
- Postpone customer interactions.
- When customer service must be done in person consider creating a buffer zone of at least two metres between an employee and a customer and keep meetings as short as possible.
- Work from home or locations that reduce exposure risks.
- Assign immuno-compromised or pregnant workers to lower pandemic influenza exposure job tasks.
- Limit or alter non-essential tasks and alter essential activities to minimize situations with a high risk of exposure to influenza.
- Seek and follow travel advice provided by public health officials.

Vaccination

- A vaccine for pandemic influenza can be produced only after the virus has been identified. Once identified, it takes approximately four to six months to produce the new pandemic influenza vaccine.
- When available, the new vaccine will be distributed based on national priority guideline. The criteria for the national priority groups take into account work duties, roles, and exposure risk. Refer to the PHAC web-site at www.phac-aspc.gc.ca/cpip-pclcli/ for more information (See Useful Resources, page 32).

BREAK THE CHAIN

Teach and reinforce respiratory hygiene. Inform workers that the influenza virus enters the body indirectly from contaminated surfaces, cloth, paper, tissues or even from a handshake with a contaminated hand. Make hand-washing facilities available and keep them well stocked. Encourage frequent hand washing and remind people to keep their hands away from mouth, nose, and eyes. This breaks the chain of infection by preventing the transmission of the virus from the hands to the eyes, nose, lips, or mouth where the virus enters through the mucous membranes.

Promote social distancing to stay away from the spray of coughs or sneezes.

BREAK THE CHAIN

- Limit sharing equipment (i.e. pens, phones) with co-workers and clients.
- Ensure the hard surfaces that are regularly touched are cleaned with regular household cleaner at least daily or when changing work stations.

Antiviral Medication

- Antiviral medications can assist in minimizing the impact of the pandemic influenza on the population and are used both in treatment and as a preventative measure (prophylactic) in a limited number of circumstances. In Canada, antiviral medications are available through prescription, as per the Public Health Agency of Canada's guidelines for their use. For more information see the Ministry of Health web-site.

Personal Protective Equipment

Personal Protective Equipment (PPE) includes gloves, masks, respirators, gowns, eye protection and protective clothing.

LEGISLATED REQUIREMENTS

Personal Protective Equipment (PPE)

The employer or contractor must ensure that every worker wears or uses suitable and adequate personal protective equipment where it is not reasonably practicable to protect the health and safety of workers by design of the plant and work processes, suitable work practices or administrative controls.



OHS Regulations S 86

Respiratory Protective Equipment

Where a risk assessment identifies the need for respirators (N95 or better) the specific legislated requirements are outlined in the *OHS Regulations*.

LEGISLATED REQUIREMENTS

Respiratory Protective Equipment (RPE)

Where a risk assessment identifies the need for RPE, the employer or contractor must provide an approved RPE for use by the worker. Approved means it has been approved by National Institute for Occupational Safety and Health (NIOSH) or by the Director of Occupational Health and Safety.



The employer or contractor must ensure that the RPE:

- is a proper size for the worker's face,
- makes an effective seal where a tight fit is essential to the proper functioning of the RPE, is fit-tested to the worker's face by a competent person in an approved manner. This applies where a tight fit is essential to ensure the worker is not exposed to an extent that may pose a risk of significant harm. (Approved means in accordance with Canadian Standards Association (CSA) standard (Z94-4-02).)
- is regularly cleaned and maintained in an approved manner and kept, when not in use, in a convenient appropriate and sanitary location. (Approved means in accordance with the current CSA standard (Z94-4).)

The employer or contractor must ensure all workers:

- receive appropriate training by a competent person in the proper testing, maintenance, use and cleaning of the respiratory protective device and in its limitations.
- test their RPE before each use.
- are assessed for their ability to wear a respirator.

The employer or contractor must ensure that records are kept of training, fit-testing and assessments to wear a respirator.

OHS Regulations S 88

Surgical/procedural masks are different from respirators and serve different functions.

The difference between a surgical or procedure mask and a respirator



DID YOU KNOW?

Surgical and Procedural Masks

- Surgical masks are not designed to seal tightly against the worker's face or certified to prevent inhalation of small airborne particles.
- When the worker inhales, contaminated small airborne particles can pass through gaps between the face and surgical mask.
- Surgical masks provide a physical barrier for protection from splashes of large droplets of blood or body fluids.
- Surgical masks are used for several purposes including:
 - prevention of accidental contamination of patient's wounds normally present in mucus or saliva
 - placement on sick patients to limit spread of infectious respiratory secretions to others
 - protection from splashes or sprays of blood or body fluid
 - preventing workers touching their own mucus membranes with their hands

Respirators

- A fit-tested approved respirator provides a proper seal at the worker's face, forcing inhaled air to be pulled through the filter material and not through gaps between the face and the respirator.
- Respirators are designed to reduce worker's exposure to small airborne particles.
- Fit-tested approved respirators are used, for example, when a healthcare worker does an aerosol-generating procedure in a health care setting.

*Adapted from the United States Department of Labor Occupational Safety and Health Administration (OSHA, 2007) *Guidelines on Preparing Workplaces for an Influenza Pandemic*

Note that surgical and procedural masks are not considered RPE for the purposes of Section 88 of the *Regulations*, but are important controls in limiting the spread of infectious droplets. Infection prevention and control (IPC) recommendations advise their use by both clients and workers, depending on the circumstances. For example, symptomatic pandemic influenza clients are advised to wear surgical or procedural masks to reduce the spread of the virus.

Recommended controls for pandemic influenza virus need to be combined, recognizing that transmission can occur by multiple routes: contact with contaminated materials or surfaces, or exposure to particles in the air. Particles in the air vary in size and include larger droplets and smaller airborne particles. The contribution of each route of exposure (contact, droplet, or airborne transmission) has not been specifically defined (Bridges et al. 2003, Tang et al. 2006, Tellier, 2006; OSHA, 2007, and Council of Canadian Academies, 2007).

Recommendations for the appropriate combination of workplace controls for pandemic influenza must be based on the emerging pandemic virus characteristics and ongoing risk assessments. Refer to the following series of tables for guidance on the use of controls.

Overview of Best Practices for control of exposure in Minimal Exposure Job Tasks

		Job tasks that do not require close contact to another individual
ENGINEERING CONTROLS	Ventilation	as appropriate based on risk assessment
	Physical barriers	as appropriate based on risk assessment
ADMINISTRATIVE CONTROLS	Hand hygiene	yes, critical
	Social distancing	yes
	Respiratory hygiene	yes
	Alternate work arrangements (i.e. work from home)	yes
	Training	yes
	Workplace cleaning and environmental decontamination	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes
	Prophylactic antiviral medication	no
	Pandemic influenza vaccine	as available based on public health protocols
PPE	Approved respirator (N95 or better)	no
	Gloves	no
	Gown	no
	Eye protection	no
	Surgical masks	no

Overview of Best Practices for control of exposure in Lower Exposure Job Tasks

		Workplace contact to another individual with job tasks that allow social distancing	Workplace contact with potentially Contaminated environment*	Close contact with clients or co-workers/ no pandemic influenza symptoms	Workplace contact to symptomatic pandemic influenza client(s) in job tasks that allow social distancing
ENGINEERING CONTROLS	Isolate the hazard				as appropriate
	Ventilation	as appropriate			as appropriate
	Physical barriers	as appropriate		not applicable	yes as available
ADMINISTRATIVE CONTROLS	Hand hygiene	yes, critical	yes, critical	yes, critical	yes, critical
	Social distancing	yes	yes	not applicable	yes
	Respiratory hygiene	yes	yes	yes	yes
	Alternate work arrangements (i.e. work from home)	yes, as appropriate		as possible/ appropriate	as possible/ appropriate
	Training	yes	yes	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes	yes	yes
	Prophylactic antiviral medication	no			
	Pandemic influenza vaccine	as available based on Public Health protocols			
	Approved respirator (N95 or better)	no	no	no	no
	Gloves	no	no	no	no
	Gown	no	no	no	no
	Eye protection	no	no	no	no
	Surgical masks	no	no**	no	no**

* Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure from pandemic influenza in the work environment based on specific job tasks and apply appropriate controls based on workplace exposure.

** Refer to IPC recommendations of the Public Health Agency of Canada.

Overview of Best Practices for control of exposure in Higher Exposure Work Tasks

		Close contact (two metres) with a symptomatic pandemic influenza client	Aerosol generating medical procedure being performed on pandemic influenza patient (case)
ENGINEERING CONTROLS	Isolate the hazard	as appropriate/single or isolation room/ward	isolation room
	Ventilation	as appropriate	negative pressure ventilation as available
	Physical barriers	as available and appropriate	not applicable
ADMINISTRATIVE CONTROLS	Hand hygiene	yes, critical	yes, critical
	Social distancing	not applicable	not applicable
	Respiratory hygiene	yes	yes
	Alternate work arrangements (i.e. work from home)	as possible/appropriate	as possible/appropriate
	Training	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes
	Prophylactic antiviral medication	no	no
	Pandemic influenza vaccine	as available*	as available*
PPE	Approved respirator (N95 or better)	yes** (based on a point of care risk assessment)	yes
	Gloves	yes	yes
	Gown	yes	yes
	Eye protection	yes	yes
	Surgical masks	yes** (based on a point of care risk assessment)	See PHAC Guidelines

* see footnotes next page

Case – Medically diagnosed suspect or confirmed case of highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the pandemic influenza virus.

* Based on the most current guidance of national and provincial public health authorities.

** This advice primarily affects workers who provide hands-on care or services, such as health care workers, some emergency service providers, and workers in personal care group homes and day cares. Workers should wear respiratory protection when their work requires them to be within two metres of a client with a suspected or confirmed influenza illness during a pandemic. The choice between a surgical mask and N95 respirator should be based on a point of care risk assessment (PCRA). (See example Point of Care Risk Assessment tool for healthcare workers, in the insert on the next page) and the following general guidance, to ensure sufficient supplies are made available to workers based on their PCRA:

Surgical mask:

- if the client is compliant (willing and able) with respiratory hygiene practices, or
- if the patient has a weak or no cough. Individuals who may have a weak cough may include frail elderly and pediatric persons.

N95 respirator:

- if conducting an aerosol-generating medical procedure (any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei) on suspect and confirmed cases of influenza illness, or
- when the patient is coughing forcefully and the patient is unable or unwilling to comply with respiratory hygiene (i.e. coughing patient who is unable or unwilling to wear a surgical mask).

This guidance is based on precautionary principles and is subject to change as further information becomes available about how a pandemic influenza is transmitted and its severity, and as more of the population has established immunity.

Note: Whenever a surgical mask or respirator is required, the worker should also wear eye or face protection. Eye or face protection should be removed after leaving the patient's room and disposed of in either a hands-free waste receptacle (if disposable) or in a separate receptacle to go for reprocessing (if reusable).

Point of Care Risk Assessment Tool for Influenza Virus Pandemic

Point of Care Risk Assessment (PCRA) is an activity performed by healthcare workers before every patient interaction, to:

Evaluate the likelihood of exposure,

- **from a specific interaction** (e.g., performing/assisting with aerosol-generating medical procedures, other clinical procedures/interaction, non-clinical interaction (i.e., admitting, teaching patient/family), transporting patients, direct face-to-face interaction with patients, etc.),
- **with a specific patient** (e.g., infants/young children, patients not capable of self-care/hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/sneeze, early stage of influenza illness, etc.),
- **in a specific environment** (e.g., single rooms, shared rooms/washrooms, hallway, influenza assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.) and
- **under available conditions** (e.g., air exchanges in a large waiting area or in an airborne infection isolation room, patient waiting areas).

Excerpt from: PHAC Infection Control and Occupational Health Guidelines during Pandemic Influenza for all Healthcare Settings – See Useful Resources.

RESOURCES

Up-to-date information on pandemic influenza and recommended infection control practices can be obtained from websites of the Ministry of Health, PHAC and the WHO. (See useful Resources on Page 32).



Risk Assessment and Control Sheet (Sample)

List all identified hazards. Identify the controls that are in place—engineering, administrative, PPE, or combination—for each hazard.

Job or Task	Potential or Existing Hazard	Risk Assessment	Controls in Place			Follow-up Action Required	Date and Person Responsible
			Engineering	Administrative	PPE		

Receptionist
in public
area

Influenza
virus

Influenza
virus meeting
people:
exposure
distance
equal to or
greater than
two metres
not exposed
to known or
suspected
case

hand
hygiene
safe work
procedures
social
distancing
office
cleaning
worker
training
respiratory
hygiene

worker
training
program
needs to be
repeated
in one month

May 12, 2007
Sue Bird



Step 3: Communicate the information to workers and provide training

LEGISLATED REQUIREMENTS

An employer must consult with the occupational health committee, when developing and implementing an exposure control plan.



An employer, in consultation with the committee, shall review the exposure control plan, and amend the plan if necessary, at least every two years or as necessary to reflect advances in infection control measures, including engineering controls.

OHS Regulations S 85

Communication

Communication and consultation are key to keeping your workers healthy. When considering job tasks that are undertaken at your workplace, involve workers in decisions that may affect their health and safety. Generally, the people doing the job are most knowledgeable about the hazards they face and ways to work safely. For pandemic influenza further communication and training is required. Occupational Health Committees and worker representatives also have key roles in addressing health and safety issues in the workplace and should be consulted when developing plans.

Clear and open communication channels at all levels in the workplace will encourage support for, and participation in, health and safety activities by everyone. Workers will be more likely to follow health and safety procedures when they have been involved in their development.

It is important to be aware of and consider differing skills in language, literacy and culture when communicating health and safety information. Adapt your communication style where necessary.

LEGISLATED REQUIREMENTS

An employer must ensure that workers at risk of exposure to infectious materials are informed of the hazards identified in the exposure control plan, including how the virus is transmitted and the signs and symptoms of a pandemic influenza.



No employer shall allow a worker to undertake any tasks or procedures that put them at risk unless the worker has been trained with respect to the exposure control plan and the use of control measures appropriate for the task or procedure undertaken.

OHS Regulations S 85

Education and Training

Employee Education and Training

All employees with potential occupational exposure should be trained on the:

- hazards associated with exposure to pandemic influenza virus,
- appropriate control measures, such as respiratory hygiene and hand washing to prevent influenza, and
- protocols in place in their workplace or facility to isolate and report cases or reduce exposure.

Workers may need additional training if they are asked to do unfamiliar jobs.

Best Practices

Training requirements should be based on the risk assessment. These may include:

- awareness of pandemic influenza, the potential ways of contacting the virus and control,
- measures to break the chain of infection,
- awareness of social distancing strategies – keeping a distance of two metres or more from someone suspected of having pandemic influenza,
- hand hygiene,
- respiratory hygiene, which includes:
 - covering the nose and mouth while coughing or sneezing with a tissue,
 - proper disposal of the tissue and washing of hands following,
 - coughing or sneezing into the bend of the elbow when caught without a tissue,
- use and care of PPE, including RPE where required,
- first aid,
- use of routine practices, and
- operation of equipment.

In order to stay current with training, keep track of your workers' training in health and safety procedures. You may wish to use the form on the following page or create your own system of monitoring and updating training routinely. Similar forms can be used to track fit-testing and assessing a worker's ability to wear a respirator. A blank Record of Training form appears in Appendix 3.

Overview of Best Practices for control of exposure in Higher Exposure Work Tasks

Insert location
(city and address)
if appropriate.

Company Name _____

Location _____

Enter type of training
completed.

Type of Training _____

Date

Printed Name

Signature

May 10, 2004

Jane Doe

Enter date of training,
name of worker who has
taken the training, and
signature of worker.

May 10, 2004

Sam White

Completion of this form
is not a requirement
under OHS legislation
and does not indicate
competency of workers.
It may be used as
a record.

Step 4: Evaluate the effectiveness of controls

The effectiveness of controls must be checked routinely. This can be done throughout the day as well as during regular inspections.

Ask the following questions

- Can the hazard be eliminated?
- Have the controls solved the problem?
- Is any risk to workers posed by the controls?
- Are all new hazards being identified?
- Are significant new hazards appropriately controlled?
- Are incident reports being analyzed?
- Are there any other measures required?

Answers to these questions may send you back to an earlier step to repeat the process. Keeping health and safety procedures up-to-date ensures preparedness when a pandemic influenza is announced.

If a worker believes they may have acquired pandemic influenza at work an investigation should be done to find out what occurred, to evaluate and improve the effectiveness of controls.

LEGISLATED REQUIREMENTS

The exposure control plan must include procedures to be followed if a worker believes that they have acquired pandemic influenza from work, to identify the possible route of exposure and to implement measures to prevent further infection.



OHS Regulations S 85

Section 6: Emergency Response Planning for Pandemic Influenza in the Workplace

Pandemic planning should be part of the overall workplace emergency response plan.

An emergency may be defined as "any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention"

Planning and preparing in advance for emergencies will protect the health, safety, and lives of people at your work site. It will also minimize business losses related to damage to the environment and property.

How do I develop an emergency response plan for pandemic influenza?

Your emergency response plan must be site specific.

An emergency response plan for pandemic influenza considers the hazard assessment for actual and potential exposures in the workplace to the virus and potential consequences and responses due to increased absenteeism. The Industrial Accident Prevention Association (IAPA, 2006) recommends that emergency response planning:

- Assess risks to the workers and the organization.
- Set priorities and determine organizational and critical functions to maintain business and worker safety in the event of increased absenteeism from pandemic influenza.
- Establish plans to control exposures in the workplace before pandemic influenza.
- Build a foundation
 - Establish and communicate policies and procedures for sickness and absenteeism.
 - Encourage people to stay home when sick with pandemic influenza
 - Plan succession options and cross-train.
 - Define and communicate chain of command during pandemic influenza.
 - Plan communication strategies.
 - Create policies for alternate work arrangements and facilitate work-at-home technology (see IAPA 2006, for more information).

Section 7: Labour Standards Requirements During Pandemic Influenza

Absenteeism can disrupt operations or even close your business. That is why you need a plan in case pandemic influenza affects you. Since *The Labour Standards Act* applies during pandemics, your plans must meet or exceed its requirements. This document will help understand how labour standards requirements affect your pandemic contingency plans.

In Saskatchewan, *The Labour Standards Act* sets minimum requirements for things such as:

- paying earnings, (wages, overtime, public and annual holiday pay, etc);
- setting work schedules and hours of work;
- entitlements to public (statutory) and annual holidays (vacations);
- maternity and parental leave; and
- discharging and laying-off employees.

The Act does not apply to workplaces under federal jurisdiction, the self-employed, farms, and family businesses where only family members work. There are special rules and exemptions for certain industries and types of employees.

Pandemic planning

Keeping your business open during a pandemic requires planning. Develop your written plan with employees, include specific policies and action steps and make sure everyone understands it.

Things to consider

You will need to manage the employment relationship during pandemic influenza and take steps to return your business to regular operation after the pandemic passes. Decide how you will:

- treat employee attendance and absences;
- ensure that employees get paid; and
- apply lay-off and termination of employment provisions if you have to suspend some or all of your business for a period of time.

Prepare employees by telling them what will happen if pandemic influenza affects the workplace. Use this table to make sure your plan meets labour standards requirements during pandemic influenza.

Issue	Minimum Standards
Hours of work and overtime	• Employees who work for more than eight hours in any 24-hour period, or 40 hours in a week (Saturday midnight to the following Saturday midnight), are entitled to overtime pay. • Overtime is paid at a rate of 1.5 times the employee's hourly wage. • The overtime rules do not apply to managerial and professional employees, and there are special rules and exemptions for some industries. • Salaried employees who are not managers or professionals are entitled to overtime pay. • Employees are entitled to eight hours of rest in any 24-hour period.
Days of rest	• Employees who usually work 20 hours or more per week get 24 consecutive hours away from work once every seven days (except when fighting forest or prairie fires). • Employees in the retail trade get two consecutive days off every seven days. In the retail trade, the two consecutive days off do not apply to: - businesses with less than 10 employees, or - employees who work less than 20 hours per week. • Employers can apply for a permit or variance.
Work schedules	• Work schedules must be posted where employees can easily see them. • Schedules must cover at least one week of work. • At least one week's written notice must be given to change a schedule.
Emergencies	• An emergency is something that the employer could not be expected to see coming. • In an emergency, the employer can change an employee's work schedule without providing at least one-week's advance notice. • The employer can require employees to work overtime. • Requirements for notice or pay in lieu of notice continue to apply during emergencies.
Vacation cancellations	• An employer who cancels an employee's annual holiday must pay all non-refundable deposits, penalties, and other pre-paid expenses related to the holiday. • The employee must provide receipts.

Job-protected leave for illness or injury

- In most cases, employers may not discharge or discipline employees who have worked for them for at least 13 continuous weeks because they are absent due to an illness or injury to themselves or to a member of their immediate family:
 - if the absence is due to serious illness or injury, and does not exceed 12 weeks in a period of 52 weeks;
 - if the employee is injured and receiving benefits under The Workers' Compensation Act, and the absence does not exceed 26 weeks; or,
 - in situations where absences do not exceed 12 days in a year.
- Human rights legislation defines protection against discrimination and the employer's responsibility to accommodate people with disabilities. The employer should accommodate the request if possible.
- Employers must not discriminate against employees who are absent because they are complying with a public health certificate or isolation order or because they have been conscripted to provide medical services.

Sick pay

- Employers do not have to pay wages to employees who are away sick or for time spent at medical appointments.
- Some employers provide sick pay.

Bereavement leave

- After working for the employer for at least three continuous months, if a member of the employee's "immediate family" dies, the employee can get a "bereavement leave" of up to five working days.
- Employees get bereavement leave if the employee's spouse dies, or if the parent, grandparent, child, brother or sister of the employee or employee's spouse dies.
- Employees must take their bereavement leaves in the period from one week before the funeral to one week after the funeral.
- Employees do not have to be paid for the time they are on leave.

Discharges and lay-offs

- A lay-off means the temporary termination of an employee for a period longer than six scheduled working days. Employees who are sent home for less than six days have not been laid-off and are still employees.
- A discharge may mean a dismissal, a forced resignation or a "constructive dismissal".
- An employer must give written notice to an employee before a lay-off or a discharge occurs, unless the employer has just cause to dismiss the employee. If this notice is not given, pay in lieu of notice is required.

Pay in lieu of notice means payment of the employee's normal wages for the minimum notice period. If wages vary from week to week, a normal week's wages is the average wage for the last four weeks of work, not including overtime.

- Employees who have worked for the employer for at least three continuous months must be given written notice or pay in lieu of notice before they can be discharged or laid-off.
- The amount of notice depends on how long the employee has been working for the employer:
 - 0-3 months: 0 week's notice or pay in lieu of the notice period
 - 3 months – 1 year: 1 week
 - 1-3 years: 2 weeks
 - 3-5 years: 4 weeks
 - 5-10 years: 6 weeks
 - 10 years and more: 8 weeks
- An employer can let an employee go without advance notice or pay in lieu of notice if the employer has just cause for terminating the employee. Just cause means serious employee misconduct, such as violence or theft.
- Special rules apply during a declared public health emergency and prohibit the termination of employees who are absent because they are complying with a public health certificate or isolation order or because they have been conscripted to provide medical services.

Paying earnings

- Earnings must be paid within six days of the end of each pay period, or within 14 days of the employee's last day of work.
- When an employee is discharged or laid-off, the employer must, within 14 days, pay:
 - all wages owing;
 - all holiday pay owing; and
 - any pay in lieu of notice (if required).

Useful Resources

Government of Saskatchewan:

Ministry of Advanced Education, Employment and Labour

- Occupational Health and Safety Branch
www.aeef.gov.sk.ca/ohs
- H1N1 Influenza and Occupational Health and Safety
www.labour.gov.sk.ca/h1n1-influenza-ohs
- Labour Standards, Ministry of Advanced Education, Employment and Labour
www.labour.gov.sk.ca/LS/

Ministry of Health

- Home page
www.health.gov.sk.ca

Government of Canada:

Canadian Centre for Occupational Health and Safety

- Emergency Response Planning Guide (2004). First Edition, p. 2
www.ccohs.ca/products/publications/emergency_toc.html
- Pandemic Planning Tools
www.ccohs.ca/pandemic/tools.html

Health Canada

- The Canadian Pandemic Influenza Plan for the Health Sector, (2006)
www.phac-aspc.gc.ca/cpip-pclcpi/
- It's Your Health: Preparing For an Influenza Pandemic (2006)
www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/pandem-eng.php

Public Health Agency of Canada

- Influenza
www.phac-aspc.gc.ca/influenza/
- Infection Control and Occupational Health Guidelines during Pandemic Influenza for all Healthcare Settings
www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php#toc

Other:

American Industrial Hygiene Association (2006) The Role of the Industrial Hygienist in A Pandemic AIHA Guideline 7-2006.

Bridges, C.B., Kuehnert, M.J., Hall, C.B. (2003) Transmission of Influenza: Implications for Control in Health Care Settings. *Clinical Infectious Diseases*. 2003;37:1094-1101.

Business Pandemic Influenza Planning Checklist
www.pandemicflu.gov/plan/businesschecklist.html

Canadian Standards Association, Z94.4-02, Selection, Use and Care of Respirators.

Community and Hospital Infection Control Association (CHICA) (2005) CHICA-Canada Position Statement.
www.chica.org/links_flu.html

Council of Canadian Academies (2007) Influenza Transmission and the Role of Personal Protective Respiratory Equipment: An Assessment of the Evidence.
www.scienceadvice.ca/influenza.html

Industrial Accident Prevention Association (2006) Avian Influenza and the Pandemic Threat.
www.iapa.ca/pdf/2005_faq_avian_influenza.pdf

Manitoba (2006) Preparing for Pandemic Influenza in Manitoba: Preparedness Guidelines for Manitoba Business.

Occupational Safety and Health Administration OSHA (2007) Guidance on Preparing Workplaces for an Influenza Pandemic OSHA 3327-02N 2007 U. S. Department of Labor.
www.osha.gov

Pandemic Influenza Resources
www.cdc.gov/flu/pandemic

Tang, J. W., Li, L., Eames, P., Chan, P., Ridgway, G. (2006) Factors involved in the aerosol transmission in infection and control of ventilation in healthcare premises *Journal of Hospital Infection* (64) 100-114.

Teller, R (2006) Review of Aerosol Transmission of Influenza A Virus, *Emerging Infectious Disease* Vol 12 (11).
www.cdc.gov/ncidod/eid/vol12no11/06-0426.htm

World Health Organization (2005) Ten things you need to know about pandemic influenza.
www.who.int/csr/disease/influenza/pandemic10things/en/

Appendix 1 Comparison of terms—influenza, cold, stomach flu

Is it influenza, a cold, or "stomach flu" (gastroenteritis)?			
Symptoms	Influenza	Common Cold	"Stomach Flu"
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usual	Sometimes	Common
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Vomiting, Diarrhea	Sometimes (children)	Not typically	Common
Involves whole body	Often	Never	Stomach/ Bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Extreme tiredness	Common	Rare	Sometimes
Complications	Pneumonia; can be life threatening	Sinus infection Ear infection	Dehydration

Appendix 2 Risk assessment template

Risk Assessment and Control Sheet

Company:

Date of Assessment:

Location:

Completed By:

List all identified hazards. Identify the controls that are in place—engineering, administrative, PPE, or combination—for each hazard.

Job or Task	Potential or Existing Hazard	Risk Assessment	Controls in Place			Follow-up Action Required	Date and Person Responsible
			Engineering	Administrative	PPE		

Appendix 3 Record of training form**Record of Training**

Company Name _____

Location _____

Type of Training _____

Date**Printed Name****Signature**

May 10, 2004

Jane Doe

May 10, 2004

Sam White

OCCUPATIONAL HEALTH & SAFETY

Regina

Sixth Floor, 400 - 1870 Albert Street

S4P 4W1

Inquiry: (306) 787-4496

Toll Free: 1-800-567-7233

Saskatoon

Eighth Floor, 122-3rd Avenue North

S7K 2H6

Inquiry: (306) 933-5052

Toll Free: 1-800-667-5023

www.worksafesask.ca

www.aeel.gov.sk.ca

WorkSafe.
SASKATCHEWAN

Work to live.



Saskatchewan
Ministry of
Advanced Education,
Employment and
Labour